

Return Receipt Article Number		COMPLETE THIS SECTION ON DELIVERY	
 9590 9266 9904 2977 9437 46		A. Signature X 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Certified Mail® Article Number 9414 7266 9904 2977 9437 43		B. Received by (Printed Name) Jodi Freeman	C. Date of Delivery 9/18/24
3. Service Type: CERTIFIED MAIL		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to: <div data-bbox="639 401 1034 550" style="border: 1px solid black; padding: 5px; margin: 10px 0;">LNKBOX GROUP INC. c/o Incorp Services, Inc. 131 Continental Drive, Suite 301 Newark, DE 19713</div>			
PS Form 3811, Facsimile, July 2015		Domestic Return Receipt	